

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N11675 (8)

1. Corporation Name

THE CHILDREN'S WISH FOUNDATION, INC.



Principal Place of Business

Mailing Address

5420 DIPLOMAT CIRCLE  
150  
ORLANDO FL 32810  
US

5420 DIPLOMAT CIRCLE  
150  
ORLANDO FL 32810  
US

3. Date Incorporated or Qualified  
10/16/1985

3a. Date of Last Report  
01/26/1995

2. Principal Place of Business

2a. Mailing Address

21 5405 DIPLOMAT CIRCLE

26 5405 DIPLOMAT CIR

4. FEI Number

59-2591493

Applied For

Not Applicable

Suite, Apt. #, etc.

22 203

Suite, Apt. #, etc.

27 203

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

City & State

23 ORLANDO FL

City & State

28 ORLANDO FL

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

Zip

24 32810

Country

25 ORANGE

Zip

29 32810

Country

30 ORANGE

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JONES, JOEL D.  
5420 DIPLOMAT CIRCLE  
150  
ORLANDO FL 32810

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

5405 DIPLOMAT CIRCLE

83 #203

84 City

ORLANDO

FL

85 Zip Code

32810

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☒ DELETE

NAME  
LESTER, STEVEN G  
STREET ADDRESS  
1240 ALAMBA DR  
CITY - ST - ZIP  
WINTER PARK FL

1.2 TITLE ☐ DELETE

NAME  
CASSIDY, DAVID C  
STREET ADDRESS  
1170 KENWOOD AVE  
CITY - ST - ZIP  
WINTER PARK FL

1.3 TITLE ☐ DELETE

NAME  
SABOOR, JOHN P  
STREET ADDRESS  
118 WEST GRANT ST  
CITY - ST - ZIP  
ORLANDO FL

1.4 TITLE ☒ DELETE

NAME  
BOROWSKI, JOSEPH  
STREET ADDRESS  
4465 WINDWOOD CIRCLE  
CITY - ST - ZIP  
ORLANDO FL

1.5 TITLE ☐ DELETE

NAME  
MANTIONE, JOHN  
STREET ADDRESS  
314 KIMI COURT  
CITY - ST - ZIP  
CASSELBERRY FL

1.6 TITLE ☐ DELETE

NAME  
SAUNDERS, J. L.  
STREET ADDRESS  
9050 CLASSIC CT  
CITY - ST - ZIP  
ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

NAME  
KENNETH BREWER  
STREET ADDRESS  
14 E WASHINGTON ST #400  
CITY - ST - ZIP  
ORLANDO FL

1.2 TITLE ☐ Change ☐ Addition

NAME  
CASSIDY, DAVID C  
STREET ADDRESS  
1170 KENWOOD AVE  
CITY - ST - ZIP  
WINTER PARK FL

1.3 TITLE ☒ Change ☐ Addition

NAME  
SABOOR, JOHN P  
STREET ADDRESS  
118 WEST GRANT ST  
CITY - ST - ZIP  
ORLANDO FL

1.4 TITLE ☐ Change ☒ Addition

NAME  
BOROWSKI, JOSEPH  
STREET ADDRESS  
4465 WINDWOOD CIRCLE  
CITY - ST - ZIP  
ORLANDO FL

1.5 TITLE ☐ Change ☐ Addition

NAME  
MANTIONE, JOHN  
STREET ADDRESS  
314 KIMI COURT  
CITY - ST - ZIP  
CASSELBERRY FL

1.6 TITLE ☒ Change ☐ Addition

NAME  
SAUNDERS, J. L.  
STREET ADDRESS  
9050 CLASSIC CT  
CITY - ST - ZIP  
ORLANDO FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-96

407-629-6621

CR2E037 (12/95)